Workforce Investment Act
Individual Training Accounts

WISCONSIN JOB CENTER

NOTE: This application is available only from WDA representatives. This is a sample only. Response areas are indicated by this text color.

Part 1: TRAINING PROGRAM DESCRIPTION

Training program name:
    Name of training program/course

City (or sites) where training program will be provided:
    List all cities/sites where training occurs

1. Describe the training program. Identify at least five skills or competencies to be gained upon the completion of the training program.
    Description of the training program; 5 skills or competencies

2. Completion of this training program/course will lead to (Choose **Yes** or **No**, then click on the next field):
    y/n   Baccalaureate degree
    y/n   Associate degree
    y/n   Technical diploma
    y/n   Certificate
    y/n   Other (if yes, please specify below)
        —specify other—

3. Describe the minimum requirements (educational, physical, other prerequisites or qualifications) to get into this training program, if any:
    —describe minimum requirements, or type "none"—

4. State the average time period necessary to complete this program (Based on full-time enrollment, measured in hours, weeks or months. Enter the number value <u>and</u> choose hours, weeks or months from the drop down list):
    time period #

5. How often does this training begin? (Choose the appropriate description from the drop down list or, describe other start time(s)): —describe time period for start of training—

6. Give the typical schedule (Enter the number value <u>and</u> choose the appropriate descriptions from the drop down lists):
    #Hrs/wk hours per week

7. Costs of training program services (per person, per session):
    $ $tuition Tuition costs
    $ $books Books costs
    $ $fees Other fees
    $ $equipt Supplies/Materials costs

8. Is student financial aid available for this training program?   (Choose **Yes** or **No**) y/n

9. Contact person for information about this training program:
   Contact person
   Contact person's title
   Business phone
   e-mail address

Part 2: PERFORMANCE INFORMATION

Give performance information for all that have participated in <u>this</u> training program. Information should be for the most recent period available.

10. Program completion rates
    #grads Total number of graduates
    #students Total number of students
    %completed Completion percentage for <u>this</u> training program

    Provide methodology for arriving at the numbers above. Cite source information, if necessary.
    Explain

11. %employed % of individuals who obtained training-related unsubsidized employment:

    Provide methodology for arriving at the number above. Cite source information, if necessary.
    Explain

12. Hourly wages at placement (enter dollar values):
    $ $Average Average, per hour
    $ $High High, per hour
    $ $Low Low, per hour

13. Time period the information is from:
    From Month/year though Month/year

Part 3: TRAINING PROVIDER INFORMATION

A. Name of the education/training provider, entity or institution:
   Name of Training Provider, Entity or Institution
   Street Address
   City, State Zip
   List web page address, if available: - enter URL here, or type "none" -

B. Federal Tax Identification Number:
   FEIN Number

C. Is the education/training provider, entity or institution approved or accredited?
        (Choose **Yes** or **No**)
   If yes, name the approving or accrediting agency (-ies)
   - enter agency here, or type "none" -